

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWAII STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST	(Type of Fi			
NAME (Last)	(First)	(Middle)	TELEPHONE	
Dang	Marvin	S.C.	521-8521	
MAILING ADDRESS (Street)			FAX	
P.O. Box 4109			521-8522	
(City)	(State)		(Zip Code)	
Honolulu	Hawaii		96812-4109	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE	
Law Offices of marvin S. C. Dang, a Limited Liability Law Company			521-8521	
MAILING ADDRESS (Street)			FAX	
P.O. Box 4109			821-8522	
(City)	(State)		(Zip Code)	
Honolulu	Hawaii		96812-8522	

PART II ORGANIZATIO	N		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE	
Primerica Financial Services Home Mortgages, Inc.		770-564-6387	
MAILING ADDRESS (Street)		FAX	
3120 Breckinridge Blvd		770-564-6880	
(City)	(State)	(Zip Code)	
Duluth	Georgia	30099-0001	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
Marvin S. C. Dang		521-8521	
MAILING ADDRESS (Street)		FAX	
P.O. Box 4109		521-8522	
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96812-4109	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
Agriculture	Education	☐ Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	☐ Tourism & Recreation		
Consumer Protection & Commerce	Hawaiian Affairs	☐ Labor & Employment	☐ Transportation		
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & WaterUse Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections			
PART IV CERTIFICATION	N OF LOBBYIST				
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.					
Mnng			1/10/07		
(Signature of Lobbyist)			(Date)		
PART V AUTHORIZATION TO LOBBY					
PART V AUTHORIZATI	ON TO LOBBY	· · · · · · · · · · · · · · · · · · ·			
PART V AUTHORIZATI	ON TO LOBBY	TITLE OF AUTHORIZING OFFICE	R OR PERSON REPRESENTED		
<u> </u>	ON TO LOBBY	TITLE OF AUTHORIZING OFFICE	R OR PERSON REPRESENTED		
NAME			R OR PERSON REPRESENTED TELEPHONE		
NAME Suzanne Loomis NAME OF ORGANIZATION (if a		Senior Vice President			
NAME Suzanne Loomis NAME OF ORGANIZATION (if a	applicable)	Senior Vice President	TELEPHONE		
NAME Suzanne Loomis NAME OF ORGANIZATION (if a Primerica Financial Ser	applicable)	Senior Vice President	TELEPHONE 770-564-6387		
NAME Suzanne Loomis NAME OF ORGANIZATION (if a Primerica Financial Servancial Servancia	applicable)	Senior Vice President c.	TELEPHONE 770-564-6387 FAX		
NAME Suzanne Loomis NAME OF ORGANIZATION (if a Primerica Financial Ser MAILING ADDRESS (Street) 3120 Breckinridge Blvd	applicable) vices Home Mortgages, In	Senior Vice President c.	TELEPHONE 770-564-6387 FAX 770-564-6880		
NAME Suzanne Loomis NAME OF ORGANIZATION (if a Primerica Financial Servanta Alling Address (Street) 3120 Breckinridge Blvd (City) Duluth	applicable) vices Home Mortgages, In (State) Georgia	Senior Vice President c.	TELEPHONE 770-564-6387 FAX 770-564-6880 (Zip Code) 30099-0001		
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